

## TRANSMITTAL SHEET NFIP REPETITIVE LOSS (RL) UPDATE WORKSHEETS

PLEASE NOTE: WE CANNOT APPROVE YOUR AW-501 RL UPDATE WORKSHEETS, UNLESS YOU RETURN THIS SIGNED DOCUMENT.

**Contact Information:** Please provide the following information should we need to contact your community for more information to approve your updates.

Name:		
		WHERE TO SEND THEM CALL.
Phone:	Fax:	OR E-mail: <u>snarper@iso.com</u>
Please, indicate the	number of RL Update Works	
Please check all that app	oly	
<ul><li>We have returned</li><li>Mitigation Action</li></ul>	•	OR ones that previously did not have the necessary
We have attached Provided.	ed documentation to support	our updates for Building Removal and Flood Protection
☐ Mitigation Action	n/funding codes have been pr	ovided, as appropriate.
We have describe Information prov	•	any properties that we were unable to identify from the
☐ We have retaine	ed copies of all the worksheet	s we submitted.
UPDATES AUTHO	ORIZED BY: (THIS FORM M	UST BE SIGNED BY A COMMUNITY OFFICIAL)
PRINT NAME AND TITLE		SIGNATURE DATE

MAIL OR FAX YOUR UPDATED RL WORKSHEETS AND THIS RL TRANSMITTAL SHEET TO:

NFIP REPETITIVE LOSS UPDATES c/o Ms. Sherry Harper, AICP, CFM Insurance Services Office, Inc. 2382 Susan Drive Crestview, FL 32536 Phone: 850-682-1998

Phone: 850-682-1998 FAX: 201-748-1869